### **Application Data Sheet**

### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

METHOD AND APPARATUS FOR

DIFFERENTIAL IMAGING USING

TERAHERTZ WAVE

Attorney Docket Number::

ASAIN0131

Request for Early Publication?::

Νo

Request for Non-Publication?::

No

Suggested Drawing Figure::

3 7

Total Drawing Sheets::

No

Small Entity?::

LATIN NAME::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

#### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Japan

Status::

**Full Capacity** 

Given Name::

Kodo

Middle Name::

Family Name::

**KAWASE** 

Name Suffix::

City of Residence::

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State or Province of Residence::

Saitama

Country of Residence::

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City of mailing address::

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Country of mailing address::

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351-0198

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Japan

Status::

**Full Capacity** 

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Middle Name::

Family Name::

ITO

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State or Province of Residence::

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09/22/2003

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Primary Citizenship Country::

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Status::

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Given Name::

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Middle Name::

Family Name::

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Name Suffix::

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#### **Correspondence Information**

Correspondence Customer Number ::

24203

Name::

Griffin & Szipl, P.C.

Street of mailing address::

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Suite PH-1

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PHONE NUMBER:: Fax Number: E-Mail address::			(703) 979-5700 (703) 979-7429 g&s@szipl.com		
Representative Consumber::		ormatic 24203	on		
Representative Designation::		Registration Number::		Representative Name::	
Domestic P	riority I		ation earent		Parent Filing Date::
	Туре::	A	pplication::		
	<u> </u>				

# **Foreign Priority Information**

Country::	Application	Filing Dat ::	Priority Claimed::	
	number::			
JP	270917/2002	09/18/02	Yes	

# **Assignee Information**

Assignee name::

Riken

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City of mailing address::

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State or province of mailing address::

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Country of mailing address::

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